

## **Intervention: Written individualized management plans for asthma in children and adults**

Finding: Insufficient evidence to determine effectiveness

### **Potential partners to undertake the intervention:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Nonprofits or local coalitions                   | <input type="checkbox"/> Businesses or labor organizations          |
| <input checked="" type="checkbox"/> Schools or universities                          | <input type="checkbox"/> Media                                      |
| <input checked="" type="checkbox"/> Health care providers                            | <input checked="" type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments                             | <input type="checkbox"/> Policymakers                               |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other:                                     |

### **Background on the intervention:**

Non-adherence to treatment advice is a common phenomenon among people with asthma and may account for a significant proportion of the morbidity among this population. Comprehensive care that includes asthma education, a written self-management plan, and regular review has been shown to improve asthma outcomes, but the individual contribution of each of these components has not been established.

A typical written individualized management plan for asthma requires a number of separate component behaviors. These include:

- (1) Taking regular doses of inhaled steroid medication
- (2) Doubling the dose of inhaled steroid medication in response to a worsening of symptoms
- (3) Taking oral medication
- (4) Seeking urgent medical aid in response to a further deterioration in either symptoms or peak flow (maximum flow of air breathed out during forced expiration)

### **Findings from the systematic reviews:**

There was insufficient evidence to determine the effectiveness of written individualized management plans for asthma in children and adults. Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

### **Limitations/Comments:**

The available trials are too small and the results too few and inconsistent to form any firm conclusions as to the contribution of written self-management plans to the known beneficial effects of a comprehensive asthma care program.

Future studies of asthma self-management using written individualized plans should measure adherence to each of the behaviors specified in the plan. Ideally, electronic monitoring of medication use should be used to provide the most reliable and accurate measure of adherence.

**References:**

Lefevre F, Piper M, Weiss K, Mark D, Clark N, Aronson N. Do written action plans improve patient outcomes in asthma? An evidence-based analysis. *J. Fam. Prac.* 2002; 51:842-848.

Toelle BG, Ram FSF. Written individualised management plans for asthma in children and adults. *The Cochrane Database of Systematic Reviews* 2004, Issue 1. Art. No.: CD002171.pub2. DOI: 10.1002/14651858.CD002171.pub2.